

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117**

Form CP-4
March 2009
**Type or Print on this Form
Form must be Signed
All blanks must be Filled**

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

QUALITY WELL SERVICE, INC.

7190

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	7-31-19	Sec.	14	Twp.	27	Range	24	County	Ford	State	Ks	On Location	Finish
Lease	Schneweis	Well No.	1-14		Location								
Contractor	Quality Well Service				Owner								
Type Job	PTA				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	T.D.				Charge To								
Csg.	4.5				Depth				Vincent				
Tbg. Size	Depth				Street								
Tool	Depth				City				State				
Cement Left in Csg.	Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line	Displace				Cement Amount Ordered 105sv 60/40 4% Gel								
EQUIPMENT													
Pumptrk	6	No.			Common 65								
Bulktrk	11	No.			Poz. Mix 40								
Bulktrk		No.			Gel. 400 #								
Pickup		No.			Calcium								
JOB SERVICES & REMARKS													
Rat Hole					Hulls								
Mouse Hole					Salt								
Centralizers					Flowseal								
Baskets					Kol-Seal								
D/V or Port Collar					Mud CLR 48								
15' Ran tubing to 1500 pumped				CFL-117 or CD110 CAF 38									
25sv 60/40 4% Gel and 25sv				Sand									
60/40 4% Gel with 100# Hulls				Handling 109									
				Mileage 8									
FLOAT EQUIPMENT													
2nd Pumped 45sv 60/40 4% Gel				Guide Shoe									
in 540 to surface				Centralizer									
				Baskets									
3rd Topped well off with 10sv				AFU Inserts									
60/40 4% Gel				Float Shoe									
				Latch Down									
				LMV 8									
				Service Supervisor									
				Pumptrk Charge PTA									
				Mileage 8									
											Tax		
											Discount		
											Total Charge		
X Signature													

Quality Wireline Services, LLC

Service Order No.
0627

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date 4-30-19

Company <u>Vincent oil corp</u>			Client Order # <u>627</u>		
Billing Address <u>Schmies 1-14</u>		City	State	Zip	
Lease & Well #		Field Name		Legal Description (coordinates)	
County <u>Ford</u>	State <u>Kansas</u>	Casing Size		Casing Weight	
Fluid Level (surface)		Reading From		Customer T.D.	
Engineer <u>D. EZZI</u>	Operator <u>J. Edelman</u>	Operator		Unit# <u>01</u>	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>4 1/2 GEBP</u>					<u>900⁰⁰</u>
	<u>Setting Charge @ 4750</u>			<u>0</u>	<u>4750</u>	<u>1500⁰⁰</u>
	<u>2 3/4 Cement @ 4750</u>			<u>0</u>	<u>4750</u>	<u>1000⁰⁰</u>
	<u>Dump Bailer</u>					
	<u>1x4 HEE @ 1500</u>			<u>0</u>	<u>1500</u>	<u>1300⁰⁰</u>
	<u>Service Charge</u>					<u>1000⁰⁰</u>

SUBTOTAL	<u>6,200⁰⁰</u>
DISCOUNT	<u>4,050⁰⁰</u>
SUBTOTAL	<u>2,150⁰⁰</u>
TAX	<u>104.48</u>
NET TOTAL	<u>2,314.48</u>